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CONFIRMATION NO. 6715

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/609,143	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 015270-012100US
<b>APPLICANTS</b> Lisa C. McConlogue, San Francisco, CA; Jun Zhao, San Diego, CA; Sukanto Sinha, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/838,556 04/18/2001 PAT 6,586,656 which is a CON of 09/209,647 12/10/1998 PAT 6,245,964 * which is a CON of 08/785,943 01/22/1997 PAT 5,850,003 which is a CON of 08/148,211 11/01/1993 PAT 5,612,486 which is a CIP of 08/143,697 10/27/1993 PAT 5,604,102 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/15/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 20350				
<b>TITLE</b> MONITORING APP CLEAVAGE IN TRANSGENIC RODENTS COMPRISING AN APP-SWEDISH MUTATION				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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